



MEDICATION POLICY

Dear Parents/Guardians:

The following is the City of Burlington – Recreation & Parks Medication Policy. If your child must take medication of any kind during camp hours, including over the counter drugs, the following will apply.

1. You can come to camp and give the medication to your child at the appropriate time.
2. You may obtain a copy of a medication form from your camp director. Take the form to your child's doctor or health care provider and have them complete the form by listing the medication(s) needed, dosage, and number of times per day the medication is to be administered. This form must be completed and signed by the authorized prescriber for both prescription and over-the-counter drugs. The form must also be signed by the parent or guardian,
 - a. Prescription medications must be brought to camp in a pharmacy labeled bottle that contains instructions on how and when the medication is to be given.
 - b. Over the counter drugs must be received in the original container and will be administered according to the prescriber's written instructions.

Note: Some medications such as inhalers or emergency injections can be self-administered and kept by the student with written medical provider permission.

Camp personnel will not administer and medication to campers unless they have received a medication form properly completed and signed by the authorized prescriber, and the medication has been received in an appropriate labeled container.

CITY OF BURLINGTON

PARENTS PERMISSION FOR MEDICATION

I hereby give my permission for my child _____ to receive medication during Camp/Afterschool hours. A practitioner authorized to prescribe medication has prescribed this medication. I hereby release the City of Burlington and their agents and employees from any and all liability that may result from my child taking the prescribed medication.

Signature of Parent or Guardian

Telephone Number

Date

(City of Burlington Use Only)

Name & Title of Person to Administer Drug

Signature of Program Director

Date

Signature -- City of Burlington

CITY OF BURLINGTON

AUTHORIZATION OF MEDICATION FOR CAMPS/AFTERSCHOOL

Please check: Prescription: _____ **Non-Prescription:** _____

Name of child: _____ **Birthdate:** _____

School/Camp: _____ **Date:** _____

In order to keep this child in optimum health and to help maintain maximum performance, it is necessary that medication be given during Camp/Afterschool Program.

Medication: _____

Color: _____

Type of medication (circle one): tablet, ointment, capsule, inhalation,
liquid, or other (specify) _____.

Dosage (amount to be given): _____

Relationship to meals: _____

How often or at what time: _____

Side effects (expected or predictable): _____

No injections will be given except in extreme emergency, such as allergy to wasp or bee sting. The child's parent is in full agreement that this medication will be supplied as needed. Should the child manifest any of the following symptoms caused by the medication, please contact the parent or prescriber: _____

Prescriber's Name: _____

Prescriber's Signature: _____

Drug Enforcement Administration #: _____

Prescriber's Telephone Number: _____

MEDICATION LOG

Camp: _____

Childs Name _____ Age _____

Drug to be Given _____ Time to be Given _____

Amount to be Given _____ Form (Capsule, Tablet, and
Liquid/Or _____.

Persons to Administer: Initials and Signature

Approved by: _____, Program Director/Nurse

[illegible]

This is not meant to be a perpetual inventory.